



Northwest Territories

# COMPLAINT BY EMPLOYEE

\* Note: If you have already started a court action, you cannot file a complaint with Employment Standards for the same matter.

Have you discussed complaint with Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "NO" do so before submitting complaint) If	
"Yes" - explain result: _____	
With whom did you discuss?	Position/Title:
Reason employer will not pay:	

## EMPLOYER INFORMATION

1. Name of Business:			3. Supervisor Name:		
2. Street Address:			4. City:		
5. Terr./Prov.:	6. Postal Code:	7. Phone #:	8. Fax #:	9. Email:	
10. Type of Business:		11. Hired by:	12. Who set rate of pay?		
13. General Contractor and Project:					
14. Employer Bank Info (Name of Bank):			15. Bank Address		
16. Does this company conduct business using any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" write names: _____					

## EMPLOYEE INFORMATION

Circle one: **Ms**      **Mrs**      **Mr.**

17. Last name:		First name:		18. SIN No.:	
19. Address:				20. City:	
21. Terr./Prov.:	22. Postal Code:	23. Phone #(H):	Phone #(W):	24. Email:	
19A. Alternate Address		23A. Phone #(Alternate)		Date of Birth:	

## EMPLOYEE'S WORK HISTORY WITH THIS EMPLOYER

25. Position title:		26. Location of work:		31. Pay period:		Rate of pay:	
27. First day of work: DD/MM/YY		28. Last day of work: DD/MM/YY		Weekly		Per hour	
29. Date notice of termination was received: DD/MM/YY		30. Was the notice written verbal		Bi-weekly		Per week	
32. Still employed by above employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" - Quit Fired Laid off		33. Did you keep records of hours worked? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" attach records		Twice a month		Per month	
34. Are you covered by a Collective Bargaining Agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" state which organization, union etc.							
35. Usual hours of work: Sun. hrs.   Mon. hrs.   Tue. hrs.   Wed. hrs.   Thu. hrs.   Fri. hrs.   Sat. hrs.							
36. How were you paid? (attach copy of pay statement) Per hour Salary Contract Piece work Other (state)				37. If salary, how is/was it calculated?			
38. Do you owe any monies to employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" state amount and explain:							
39. Have you ever been previously employed by this employer in the NWT? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give dates:							

## DETAILS ABOUT YOUR CLAIM

40. Indicate whether claim refers to:				
Regular pay	Overtime	Vacation	Statutory holiday pay	Pregnancy/Parental Leave
Termination pay	Unlawful deduction	Other (explain): _____		

## CLAIM DETAILS - Please print

Please use the space below to explain why you are making this claim, and what you are claiming. If you require more space attach additional sheets of paper.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION** - Please be advised that in order to investigate your claim and to maintain contact with you for information, or payment of monies, it is **important** that **you** update this office with your current address and phone number. I certify that the information submitted is true and correct to the best of my knowledge.

Name - please print _____	<b>X</b> Signature	Date - dd/mm/yy _____
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<b>Office Use Only</b>	Receiving Officer:	Assigned to:	File #:
	Date Claim Received: DD/MM/YY	Date: DD/MM/YY	

**Submit Claim To:**  
**Employment Standards**  
 Box 1320  
 Yellowknife, NT X1A 2L9  
 Phone: (867) 873-7486  
 Fax: (867) 873-0483